

<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES SPECIAL MEALS REPORT</b>	
<b>Date of Meal</b>	
<b>Estimated Cost of Meal</b>	
<b>Name and Title of Employee Requesting Meal</b>	
<b>Recipient's Name and Title</b>	
<b>Estimated Number of Recipients</b>	
<b>Purpose of Meal</b> State clear justification of the necessity and appropriateness of the request and why the meal is in the best interest of the state.	

**Payment Method:**

LaCarte

Purchase Order  
(Bids may be required)

Reimbursement  
(Out-of-pocket)

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date